IAP4 Rec'd PCT/PTO 29 NOV 2005

FORM PTO-1390 U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE ATTORNEY'S DOCKET NUMBER (REV. 11-2004) 43318-225722 TRANSMITTAL LETTER TO THE UNITED STATES U.S. APPLICATION NO. (If known see 37 CFR 1.5) DESIGNATED/ELECTED OFFICE (DO/EO/US) **CONCERNING A FILING UNDER 35 U.S.C. 371** INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PRIORITY DATE CLAIMED May 30, 2003 PCT/SE2004/000818 May 26, 2004 TITLE OF INVENTION **IMPLANT DEVICE** APPLICANT(S) FOR DO/EO/US **Dan PITULIA** Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: 1. This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. A This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. \times The US has been elected by the expiration of 19 months from the priority date (Article 31). 5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)), published as WO 2004/105650 A1 is attached hereto (required only if not communicated by the International Bureau). has been communicated by the International Bureau. (attach form IB 308) b. is not required, as the application was filed in the United States Receiving Office (RO/US). 6. An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). is attached hereto. has been previously submitted under 35 U.S.C. 154(d)(4) 7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)). are attached hereto (required only if not communicated by the International Bureau).  $\boxtimes$ have been communicated by the International Bureau. c. have not been made; however, the time limit for making such amendments has NOT expired. have not been made and will not be made. 8. An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. □ An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11 to 20 below concern document(s) or information included: 11. An Information Disclosure Statement under 37 CFR 1.97 and 1.98, with \_\_\_\_ references. 12. An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. A FIRST preliminary amendment. An Application Data Sheet under 37 CFR 1.76. 15. A substitute specification. 16. A power of attorney and/or change of address letter. 17. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825. 18. A second copy of the published international application under 35 U.S.C. 154(d)(4). 19. A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. Other items or information: (a) PCT/ISA/210, (b) PCT/IPEA/409, (c) PCT/RO/101 and (d) Postcard

This collection of information is required by 37 CFR 1.414 and 1.49-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Mail Stop PCT, commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

## MP12 Rec'd PCT/PT0 29 NOV 2005

| U.S. APPLICATION NO. (If boown, 1863 CEB 1.5) 387 INTERNATIONAL APPLICATION NO. PCT/SE2004/000818                                                                                                                                                                                                              |                          |              |                                                                                  |              |      |            | ATTORNEY'S DOCKET NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
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| 10/55838/ PCT/SE2004/000818                                                                                                                                                                                                                                                                                    |                          |              |                                                                                  |              |      |            | 43318-225722                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |
| 21. The follow                                                                                                                                                                                                                                                                                                 | ing fees                 | are submitte | ∍d:                                                                              |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| 🛛 a) Basic na                                                                                                                                                                                                                                                                                                  | ational fe               | е            |                                                                                  |              |      | \$300.00   | \$ 300.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| □ b) Examination fee\$200.00                                                                                                                                                                                                                                                                                   |                          |              |                                                                                  |              |      |            | \$ 200.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| ⊠ c) Search fee                                                                                                                                                                                                                                                                                                |                          |              |                                                                                  |              |      |            | \$ 500.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| TOTAL OF ABOVE CALCULATIONS = \$1000.00                                                                                                                                                                                                                                                                        |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| TOTAL OF ABOVE CALCOLATIONS - \$1000.00                                                                                                                                                                                                                                                                        |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|                                                                                                                                                                                                                                                                                                                |                          |              |                                                                                  |              |      |            | \$ 1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
| Additional fee for specification and drawings filed in paper over 100 sheet (excluding sequence listing or computer listing field in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                                                       |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|                                                                                                                                                                                                                                                                                                                |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| Total Sheets                                                                                                                                                                                                                                                                                                   | otal Sheets Extra sheets |              | Number of each additional 50 or fraction<br>Thereof (round up to a whole number) |              | RATE |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| -100                                                                                                                                                                                                                                                                                                           | /50 =                    |              |                                                                                  |              |      | x \$250.00 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| =                                                                                                                                                                                                                                                                                                              | L                        |              |                                                                                  |              |      | <u> </u>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                   |                          |              |                                                                                  |              |      |            | \$ .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| CLAIMS                                                                                                                                                                                                                                                                                                         | ,                        | NUMBER FILED |                                                                                  | NUMBER EXTRA | RATE |            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
| Total claim                                                                                                                                                                                                                                                                                                    | Total claims             |              | 8- 20 =                                                                          | 0            | х    | \$50.00    | \$ .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| Independent of                                                                                                                                                                                                                                                                                                 | claims                   |              | 1 - 3 =                                                                          | 0            | х    | \$200.00   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
| MULTIPLE DEF                                                                                                                                                                                                                                                                                                   | PENDEN                   | IT CLAIMS(   | S) (if applicable                                                                | ;)           | +    | \$360.00   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                                                                                                                                  |                          |              |                                                                                  |              |      |            | \$ 1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
| Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                            |                          |              |                                                                                  |              |      |            | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |
| Uy Ira-                                                                                                                                                                                                                                                                                                        |                          |              |                                                                                  |              | SL   | JBTOTAL =  | \$ 1,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
| Processing fee of \$130.00 for furnishing the English translation later than 20 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                           |                          |              |                                                                                  |              |      |            | \$ .00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| TOTAL NATIONAL FEE =                                                                                                                                                                                                                                                                                           |                          |              |                                                                                  |              |      |            | \$ 1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                         |                          |              |                                                                                  |              |      |            | \$ 40.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |
| TOTAL FEES ENCLOSED =                                                                                                                                                                                                                                                                                          |                          |              |                                                                                  |              |      |            | \$ 1,040.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |
|                                                                                                                                                                                                                                                                                                                |                          |              |                                                                                  |              |      |            | Amount to be refunded:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$                 |
|                                                                                                                                                                                                                                                                                                                |                          |              |                                                                                  |              |      |            | Amount to be charged:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$                 |
| a. A check in the amount of \$ to cover the above fees is enclosed.                                                                                                                                                                                                                                            |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| b. Please charge my Deposit Account No. 22-0261 in the amount of \$ 1,040.00 to cover the above fees.                                                                                                                                                                                                          |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit                                                                                                                                                                             |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| Account No. <u>22-0261</u> . A duplicate copy of this sheet is enclosed.  d. Fees are to be charged to a credit card. <b>WARNING</b> : Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| 1                                                                                                                                                                                                                                                                                                              |                          |              |                                                                                  |              |      |            | 111 to to 127                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 000 4 407 (-) (h)) |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 ta) or (b)) must be filed and granted to restore the application to pending status.                                                                                                     |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| SEND ALL CORRESPONDENCE TO:                                                                                                                                                                                                                                                                                    |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| SIGNATURE'  VENABLE LLP                                                                                                                                                                                                                                                                                        |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| P.O. Box 34385 Eric J. Franklin                                                                                                                                                                                                                                                                                |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| Washington D.C. 20043-9998 NAI<br>Phone No. 202-344-4000 37,                                                                                                                                                                                                                                                   |                          |              |                                                                                  |              |      |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
|                                                                                                                                                                                                                                                                                                                |                          |              |                                                                                  |              |      |            | ISTRATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |
| F8X INU. 202-344-0300 KEG                                                                                                                                                                                                                                                                                      |                          |              |                                                                                  |              |      |            | IN THE PROPERTY OF THE PROPERT | ,                  |

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